

DEC 22 1941

1003

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Avenue Buss.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Hurley.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel Hurley. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 12 1896.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 12 hr. min.

9. Birthplace Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Unknown.

13. Birthplace Unknown. (City, town, or county) (State or foreign country)

14. Maiden name Amanda Graham.

15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Daniel Hurley.

(b) Address 3927 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-41. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Gem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Nov. 25 1941 (Date received local registration) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1941 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 6 to Nov 19 1941
that I last saw her alive on November 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____

Other conditions Angina Pectoris - 3 mos
(Include pregnancy within 3 months preceding death) Chronic retention

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Karsten (M. D. or other) M.D.

Address 3720 Washington Date signed 11/25/41

Dr Karl Koenig
3720 Washington St
2-P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.